DOCUMENT RESUME

ED 030 540 RE 001 831

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Pub Date May 69

Note-11p., Paper presented at the International Reading Association conference, Kansas City, Mo., Apr. 30-May 3, 1969

EDRS Price MF-$0.25 HC-$0.65

Descriptors-*Diagnostic Teaching, Individualized Reading, *Informal Reading Inventory, Reading Diagnosis, Reading Tests

Construction, administration, and interpretation of an informal reading inventory is, perhaps, too time consuming a task for the classroom teacher who may decide that other activities are more relevant. The informal reading inventory will probably be built into basal materials or into diagnostic batteries. However, the teacher can develop other diagnostic tools that will add to his effectiveness in a reading program which already has formal diagnosis and individually prescribed instruction. The teacher can observe reading behavior, diagnose problems, prescribe measures for solution, and teach, making revisions as needed. An example of diagnosis and prescription of one specific problem is included. (MD)

ED030540

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New Directions for Informal Reading Assessment[1]

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It is our judgment that construction, administration and interpretation of informal reading inventories are far too time consuming for the regular classroom teacher. She either will not learn the skills or, having learned them, will not in practice use them because of competing demands upon her time. The teacher will find other classroom activities more relevant to instruction and drop out the time consuming informal reading inventory which is less relevant to improving pupil reading performance. It is our prediction that many of the procedures of current informal reading inventories will be built into instructional materials. Informal reading inventories will then either be revised to compete with diagnostic reading batteries or adapted to accompany specific basal readers. Meanwhile the teacher should work on development of other skills in informal reading diagnosis. The skills to be developed should conform with one of the new roles of the teacher as high level trouble-shooter within a reading program that already has built into it much formal diagnosis and individually prescribed instruction.

I shall briefly illustrate the kind of informal reading diagnosis and prescription skill that should be built into the teacher in her new role as high level trouble-shooter.

1. The teacher is using McGraw-Hill Programmed Reading. Kristen is in Book 8, having passed end of book tests in previous books at a performance level of 85% or better.

2. Teacher listens to Kristen read a red-lined in-book test in Book 8. The reading is word-by-word. Teacher then has Kristen read from Book 6.

3. Kristen reads as follows:

Annnn/ and/ Sam/ wwwwent/ up/ the hill/ and/ sat/ in the/ grass.

A bird/ sat/ on/ Sam's/ finnnnnger.

4. Teacher says to herself: "Word-by-word reading of review material at this point in the reading program is a reading deficiency. The child should be able to read material at this level with greater fluency. The problem is probably lack of phrase reading ability."

5. Teacher then thinks: "Now how can I check my hunch?" In response to her question, the teacher gives the child a flash-card survey of words in the problematic sentence, such as went, grass, hill, bird, finger, etc. to find out if the difficulty is one of word recognition rate or phrase reading fluency.

6. Kristen reads all words with a rate of 2 seconds or less on each word. Teacher then prescribes some oral reading by the child in unison with a tape recording of material at the Book 6 level. Teacher also gives Kristen practice in discriminating "word-by-word" and fluent reading.

7. The prescription worked rather well, but there is still a problem. Kristen now reads fluently but only on material where she has practiced with the tape and then that is lost by the next class session. So the teacher ponders that outcome and decides that it is a problem of never providing unprompted practice.

8. So the teacher intersperses first a small amount of unprompted practice, then larger and larger amounts. One technique is to have Kristen turn down the volume on the tape for every underlined sentence. This turns out to be one sentence out of ten at first, moving down to two out of ten, three out of ten, etc. down to no prompted reading. It works. Kristen now reads phrases fluently when she is reading material on which her word recognition is accurate and rapid.

It is our conviction that on-the-spot diagnosis, checking of diagnosis, prescription, prescriptive teaching and revision of prescriptions until the reading deficiency is corrected is an essential role of the teacher in what is truly informal reading diagnosis. The teacher must develop these skills for handling a variety of reading deficiencies including substitutions; reversals; omissions, additions or misreadings of endings; picture reading; difficulty in blending, etc. The "informal reading inventories" usually proposed for teachers are too time consuming for use and should be built into the reading program itself by authors of materials for reading instruction. More relevant tasks for on-the-spot trouble shooting by the teacher have been suggested above. A sample exercise in simulation of that task is presented below.

You will now be taken through one diagnosis and prescription cycle that simulates the role of the teacher we have just illustrated.

(1) On three separate occasions a child looks at the word "blank" and sounds out the letters and then reads as follows:

b-l-a-nk, black

What is the child's reading problem? Write your answer here.

(2) Match your description of the child's reading problem against the following alternatives. Then go to the next step indicated. The child reads "b-l-a-nk" for "black" because:

(a) He is a careless reader or doesn't look carefully, or doesn't think. (Go to 3a.)

(b) He knows the phonemic sounds, but for some reason does not blend them properly. Problably because "black" has a higher frequency rate than "blank" in the child's vocabulary. (Go to 3b.)

(c) Child doesn't know the sound of "n." (Go to 3c.)

(d) It is a configuration substitution. (Go to 3d.)

3a You said the child was "a careless reader . . ." This is a rather vague statement which does not provide enough information which can be used in prescribing diagnostic procedures or treatment. (Go back to 2b.)

3b Very good! The child does know the sounds corresponding to the letters. He simply did not blend them for the probable reason given. Now how would you check that diagnosis? State your procedure for validating the diagnosis and then go to 4.

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_____

3c The child did give the correct sound for each individual grapheme, but he didn't blend them correctly. So his problem was <u>not</u> inability to sound "n." (Go back to 2b.)

3d The words do look alike. But the child correctly sounded each element in "blank" and thus was <u>perceiving</u> each element and not likely using a configuration approach. The problem occurs in the next step of blending. (Go back to 2b.)

(4) You suggested a procedure or procedures for checking the validity of your diagnosis. Match your suggestion against the three alternatives given here and follow the directions given.

(a) Have the child read the following paired words:

back sack sick thick pink clack
bank sank sink think pick clank

(b) Check to see if the error type occurs in context. Have the child read the following two sentences.

Fill in the <u>blank</u>. The cat is <u>black</u>.

(c) Is the higher frequency rate for the word "black" built into the reading program? Check to see.

Regardless of your choice(s) above, move to 5a.

5a Procedure 4a was used as a diagnostic check and the child read at sight each pair of words correctly (back, bank, etc.) except for clack-clank which he read as follows:

clack: c-l-a-ck, clack; clank: c-l-a-nk, clack

5b Procedure 4b was used as a diagnostic check and the child read correctly the words "blank" and "black" when in a sentence context.

5c The word "black" does have a higher frequency rate than "blank" in the program. For example, it occurs as a completion or context item ten times more than "blank" in series 1 and 2. Also, "black" is found in workbooks 3 through 9 but "blank" occurs only in workbooks 3 and 4.

How would you prescribe treatment for the difficulties as you now diagnose them?

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(Go to 6)

(6) You proposed a prescription for instruction based on the diagnosis. Check your prescription against the alternatives given below and follow directions.

(a) Teach the child blending in words which begin with "cl" and "bl" and end in "nk" and "ck." For example, have him hold one sound and run it into another without pausing. Then reduce the duration of the sound until the word is being produced accurately.

blllll aaaa nnnnk
blll aaa nnnk
bll aa nnk
blank

Do not have large pauses between sounds, such as:

bl---- a---- nk

(b) Since context helps the child, and there were not enough sentences using "blank," provide additional context exercises using the problem words so he will arrive at the correct pronunciation as in 4b.

(c) Teach the child the "ck" and "nk" sounds so he can identify them in a list of other sounds.

Go to 7 regardless of your choice.

(7) You selected a prescription for instruction in the previous item. The results of following that prescription in teaching the child are presented below. Check the results for the prescription you proposed.

(a) Following instructions, the child was able to blend "black"/"blank" and similar word pairs beginning with consonant combinations in word lists when presented with or without other words in any order. Go on to the next simulation problem.

(b) The child does not need further prompts. He already produces the word correctly when prompted in context. The practice you suggested did not make a difference in the child's reading of the words in a word list. Go to 6a.

(c) The practice of "ck" and "nk" did not influence the child's ability to blend words like "blank" and "clank." Go to 6a.